Wisconsin Department of Wor	-				Madiso	P.O. Box 7945 n, WI 53707-7945	
1. Account Number	2. Quarter	3. Year		4. To adjust the number of employees, place the correct number employed as of the 12th of each month in the correct box.			
				1st Month	2nd Month	3rd Month	
5. Employer Name and Address:							
	(A) Previously Reporte	d for	(B) Co	rrect Totals	(C) Difference (over) under	Office Use	
6. Total Covered Wages	this Quarter				(over) under	Only	
7. Less Exclusions for						$\dashv \models$	
Wages in Excess of							
8. Defined (Taxable) Payroll							
9. Rate							
10. Contribution Underpaid or (Overpaid). Multiply Line 8 by Rate.							
11. If contributions line 10(C) are If contributions on line 10(C) (Compute interest at 1% per report due date. Multiply that	are UNDERPAID, compare month for each completed of	interest and ENT r partial month si	ince the				
12. TOTAL DUE- Add on line 10( (OVERPAID)	(C) and line 11(C) and ENTE	R HERE.	. ,				
13. Signature	Date	Title			Phone Number		
					( )	-	
	BELOW TH	HIS LINE FOR O	FFICE U	SE ONLY			
262							
MONTH DAY YE	EAR						
ACCOUNT NUMBER		EMPLOYER NA	AME		CHEC	CK AMOUNT	

**Unemployment Insurance** 

CONTRIBUTION ADJUSTMENT REPORT

## CONTRIBUTION ADJUSTMENT REPORT INSTRUCTIONS

- Complete this form if you need to adjust previously reported quarterly contributions.
- Use a separate Contribution Adjustment Report for each quarter.
- Mail completed form to:

## **UNEMPLOYMENT INSURANCE**

P.O. BOX 7945 MADISON, WI 53707-7945

- If report indicates overpaid contribution, you can apply the amount against future contributions.
- If report indicates that additional contributions and interest are due, enclose your remittance with the form, or submit your payment separately via Electronic Funds Transfer.\*

\*NOTE: Effective January 1, 2009, employers with tax liability of at least \$10,000 in the previous fiscal year are required to make <u>ALL</u> UI tax payments using Electronic Funds Transfer (EFT) beginning the following January. If you are subject to this requirement, you must pay the additional contributions due from this adjustment via EFT.

## **COMPLETION INSTRUCTIONS:**

- Item 1 If not preprinted, enter your 10 digit Wisconsin UI Account Number.
- Item 2 Enter Calendar Quarter (1, 2, 3 or 4).
- Item 3 Enter Calendar Year (Example: 88, 89, 90).
- Item 4 Complete ONLY if previously reported number of employees, working in the pay period which included the 12th of the month was incorrect. Enter the correct number for each month.
- Item 5 If not preprinted, enter your name and address.

COLUMN A - Enter totals previously reported on the Quarterly Contribution Report, form UCT-101 or Quarterly

Contribution/Wage Report form UC-101, or latest Contribution Adjustment Report, form UCT-7842.

COLUMN B - Enter the correct totals which should have been reported for this quarter.

COLUMN C - Enter the difference between Columns A and B. If the amount in Column A is larger than the amount in

Column B, place that amount in (brackets) to indicate an overreported amount.

- Item 6 Enter total covered wages paid during the quarter. CHANGES TO WAGE MAY ALSO REQUIRE CORRECTIONS TO YOUR PREVIOUS WAGE DETAIL REPORT. MAKE ALL DETAIL WAGE CHANGES ON A "WAGE ADJUSTMENT REPORT," FORM UCT-7878.
- Item 7 Enter the total wages paid during the quarter which are in excess of the \$12,000 per employee wage base. You are required to pay tax on the first \$12,000 paid to each employee in a calendar year. The wages paid to an employee in excess of \$12,000 in a calendar year are excludable.

An example of how to compute this exclusion for an individual employee follows:

	FIRST QUARTER	SECOND QUARTER	THIRD QUARTER	FOURTH QUARTER
TOTAL WAGES				
JOHN DOE	\$6000	\$6000	\$6000	\$6000
EXCLUSION				
	\$0	\$0	\$6000	\$6000
TAXABLE WAGES	\$6000	\$6000	\$0	\$0

Use this format to calculate the exclusion amount for each employee and then accumulate all wages over \$12,000 in that guarter and enter on item 7.

- Item 8 Subtract item 7 from item 6 and enter the result. If the result is a decrease of taxable wages, (bracket) the amount.
- Item 9 Tax Rate
- Item 10 Multiply the amount in box 8(C) by your tax rate and enter. If taxable payroll was overreported, (bracket) the amount of overpayment and go to item 12. You can apply any overpaid amount against future contribution.
- Item 11 If contributions were underpaid, compute interest at 1% per month from the due date of the initial report to the current month.
  Any portion of a month must be counted as a complete month.
- Item 12 Add lines 10 and 11 and enter.
- **Item 13** Signature, date, title and telephone number of preparer.